Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001136	A. BUILDING _____ B. WING _____	C 03/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE INC	2075 RIPLEY ST LAKE STATION, IN 46405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00105424. Complaint IN00105424-Substantiated. No deficiencies related to the allegation are cited. Survey dates: March 13 & 14, 2012 Facility number: 001136 Provider number: 001136 AIM number: N/A Survey team: Janet Adams, RN Census bed type: Residential: 136 Total: 136 Census payor type: Other: 136 Total: 136 Sample: 6 Lake Park Residential Care was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00105424. Quality review completed 3/14/12 by Jennie Bartelt, RN.	R 000		